

# DEKALB COUNTY SWCD JOB APPLICATION

## PERSONAL:

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone ( ) \_\_\_\_ - \_\_\_\_ Cell Phone ( ) \_\_\_\_ - \_\_\_\_

Date Available for Employment \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # ( ) \_\_\_\_ - \_\_\_\_

## EDUCATION:

High School (Name/Address) \_\_\_\_\_

\_\_\_\_\_

Major Course of Study \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduated \_\_\_\_\_

College/University (Name/Address of School) \_\_\_\_\_

\_\_\_\_\_

Major Course of Study \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduated \_\_\_\_\_

Additional Education (Name/Address of School) \_\_\_\_\_

\_\_\_\_\_

Major Course of Study \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduated \_\_\_\_\_

Special Qualifications \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE (most recent employment history first):**

1) Employer (Name/Address) \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Are you currently employed there? \_\_\_\_\_ May we contact them? \_\_\_\_\_ If not, why? \_\_\_\_\_

Dates of Employment (start, end) \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2) Employer (Name/Address) \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Are you currently employed there? \_\_\_\_\_ May we contact them? \_\_\_\_\_ If not, why? \_\_\_\_\_

Dates of Employment (start, end) \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3) Employer (Name/Address) \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Are you currently employed there? \_\_\_\_\_ May we contact them? \_\_\_\_\_ If not, why? \_\_\_\_\_

Dates of Employment (start, end) \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES:**

List three personal references who are not relatives or former supervisors.

Name	Address	Telephone	Years known
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Name	Address	Telephone	Years known
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Name	Address	Telephone	Years known
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Describe your agricultural experience \_\_\_\_\_

\_\_\_\_\_

Other related experience \_\_\_\_\_

\_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

Why would you like to work for this Soil and Water Conservation District? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I certify that all statements made within this document are true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_